

**CITY OF GARDEN CITY**  
Revenue Department  
100 Central Ave – Garden City, GA 31405 – (912) 963-2755

**OCCUPATIONAL TAX RETURN  
FINAL RETURN**

This form is being submitted by the below named company for:

☐ Final registration in Garden City: **Give date business moved out of City, closed, or was sold:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo / day / year

**Name of Business** (Give full name): \_\_\_\_\_

**Doing Business As (DBA)** (if applicable): \_\_\_\_\_

**Physical location:** \_\_\_\_\_

**Forwarding Mailing address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contract Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Tax ID / Federal ID #** under which the final income tax return for the business will be filed: \_\_\_\_\_

Please complete the calculation below in order to determine occupational tax due.

1. Actual Gross Receipts: \$ \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. (1) \_\_\_\_\_

2. Multiply Line 1 by Tax Rate \_\_\_\_\_ (see prior year return for tax rate) (2) \_\_\_\_\_

3. Total Due (Line 2) (3) \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTATION:**

- Proof of Actual Gross Receipts Prior to Sale, Close, or Move (example: Closing Income Tax Statement)
- Proof of Move, Close, or Sale

**Return Completed Worksheet and Documentation with Check or Money Order Made Payable To: Garden City**

**Mail To: Garden City • Occupational Tax Office • 100 Central Avenue • Garden City, Georgia 31405**

It is the responsibility of every business owner/official/applicant to make certain that the type or nature of the business activity being conducted at any location in the City of Garden City is permitted by and conforms to the zoning ordinances of the City. Activity or "use" means any business activity including the dominant activity and all other business activity conducted by the business at a location. *You must not begin operation of your business at any location until it is determined by the Director of the City's Zoning Department that your "business use" is permitted at the business's location.*

By signing below, you acknowledge that it is your responsibility to insure that your business meets all occupancy and zoning requirements of the City of Garden City and that the information given on this form is true and correct to the best of your knowledge.

Signature of Owner, Officer, Manager responsible for this form \_\_\_\_\_ Printed Name of Person Signing \_\_\_\_\_ Title of Person Signing \_\_\_\_\_ Date \_\_\_\_\_

THIS RETURN CANNOT BE FAXED TO THE CITY – FORM WITH ORIGINAL SIGNATURE MUST BE RETURNED.

This space reserved for use of the City of Garden City:

Acct #: \_\_\_\_\_

Tax Class \_\_\_\_\_

Filing Status: \_\_\_\_\_

NAICS Code \_\_\_\_\_